



MEMBERSHIP APPLICATION FORM 2024

Please complete in capital letters and black ink

| Date Date of Birth | | |]]*If unde | er the age of 1 | 8 please provide y | our date of birth. | |
|--------------------|------------|---------------|----------------|-----------------|---------------------|--------------------|--|
| Title | Mr | Mrs | Miss | | | | |
| First Name | | | | | | | |
| Surname | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Mobile | | | | Phone | | | |
| Email | | | | | | | |
| Are you currently | or were pr | eviously a me | mber of: Gol | f Club | Golf Society | | |
| Home Club | | | | | | | |
| GUI Number | | | | | | | |

The information that you provide to Ross Golf Course/Club is only used by the Ross Golf Course/Club staff for official purposes only and will not be shared with third parties without your consent.

| | I consent the use of my name, email and phone number for all correspondence within Ross Golf Course and Ross Golf Club. I also agree that my photo may be taken at prize giving or within tournaments on course and may be published online or in the media. | | | | | | | | | | | |
|---------|--|------|-------------|---------------|--------------|--|--|--|--|--|--|--|
| Office | Use Only | | | | | | | | | | | |
| Receiv | ed By: | | _ | | | | | | | | | |
| Date: _ | | | | | | | | | | | | |
| Payme | nt Type: Cheque | Cash | Credit Card | Bank Transfer | Direct Debit | | | | | | | |